

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5	/						55						
6	/						56						
7		/					57						
8		/					58						
9		/					59						
10	/						60						
11		/					61						
12		①					62						
13	/						63						
14		①					64						
15		/					65						
16			/				66						
17				/			67						
18				/			68						
19				/			69						
20			/	/			70						
21				/			71						
22			/				72						
23				/			73						
24				/			74						
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32			/				82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38			/				88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.	5		4				TOTAL IND.						
TOTAL DEP.	10		28				TOTAL DEP.						
TOTAL CLAIMS	15		32				TOTAL CLAIMS						